PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			62			٠		RATE	FEE	7	RATE	FEE
FOR			. NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			42minus 20=		* 42			X\$ 9=	378	OR	X\$18=	
INDEPENDENT CLAIMS			(m	nus 3 =	*		1	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT		,			+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2		TOTAL	763	OR	TOTAL	
		LAIMS AS A	MENDE	ED - PART II						70	OTHER	
(Column 1)			-	(Colum		(Column 3)	Column 3) SMA			OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.	RATE.	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		 OR	+290=	
							L	TOTAL		1	TOTAL	
	• •	Д	ADDIT. FEE	<u></u> .	_	ADDIT. FEE						
AIMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST BER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL' FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=		
							. L	TOTAL DDIT. FEE			TOTAL ADDIT, FEE	•
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	. ***		=		X43=			X86=	
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								·	OR	+290=	
** If	the "Highest Nun	nn 1 is less than the nber Previously Pai nber Previously Pai	id For" IN THIS	SPACE is I	less than	20, enter "20."	AC	TOTAL ODIT. FEE		OR A	TOTAL DDIT. FEE	
		her Previously Paid					foun	d in the app	ropriate box	in colu	mn 1.	